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## BIB DATA SHEET

CONFIRMATION NO. 3719

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/576,517		600	3735	9007-1020

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/HU04/00103 11/04/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

RUSSIAN FEDERATION P0303605 11/04/2003

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

08/30/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	HUNGARY	2	8

**ADDRESS**

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**TITLE**

Diagnostic Probe and Kit for Tonometric Examination of Respiratory Insufficiency and Regional Perfusion Failure of the Body

<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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